MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 2204 — Primary Registration District No. 3056 — Registrar's No. 235 — M63-040996 STATE FILE NUMBER

FILED OCT 25 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 0887
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: RANDOLPH
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: MOBERLY
Length of stay in 1b: 30 DA.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: COMMUNITY MEM. HOSP.
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY: MONROE
c. CITY OR TOWN: JACKSON TWP
Inside Limits: Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location): 6 mi. S.W. of PARIS, MO.
Reside on Farm: Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First ANNA Middle MAUD Last CARTER

4. DATE OF DEATH: Month Oct. Day 19, Year 1963

5. SEX: F

6. COLOR OR RACE: W

7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]

8. DATE OF BIRTH: 4/1/1885

9. AGE (last birthday): 78
IF UNDER 1 YEAR: Months 6 Days 18
IF UNDER 24 HR: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): AT HOME

10b. KIND OF BUSINESS OR INDUSTRY: HOUSE WIFE

11. BIRTHPLACE (City and state or country): Mo.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: UNKNOWN

13b. MOTHER'S MAIDEN NAME: UNKNOWN

14. NAME OF HUSBAND OR WIFE: ASHLEY J. CARTER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: ASHLEY J. CARTER — Address: R.F.D. #3 PARIS, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart dx — years
DUE TO (c): senility — years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 9-4-63, to 10-19-63 and last saw her alive on 10-19-63
Death occurred at 2:05 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): W. H. McCormick D.O.
22b. ADDRESS: Moberly Mo.
22c. DATE SIGNED: 10/19/1963

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 10/22/1963
23c. NAME OF CEMETERY OR CREMATORY: WALNUT GROVE CEM.
23d. LOCATION (City, town, or county) (State): PARIS, Mo.

24. FUNERAL DIRECTOR ADDRESS: E. H. AGNEW - PARIS, Mo.
25. DATE RECD. BY LOCAL REG.: 10-20-1963
26. REGISTRAR'S SIGNATURE: [signature]

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Robert E. Wood

Licensed Embalmer No. 5205

P. O. Address Paris, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.